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Amendment Under 37 C.F.R. § 1.16
Group Art Unit 2815, Expedited Procedure

03500.015701.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

J. McMillan
11/15/03

In re Application of:)
KOJI ONO) Examiner: Edgardo Ortiz
Appln. No.: 09/938,571) Group Art Unit: 2815
Filed: August 27, 2001)
For: SOLID-STATE IMAGE PICKUP)
DEVICE : November 12, 2002

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TC 2800 MAIL ROOM

The Commissioner for Patents
Box AF
Washington, D.C. 20231

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action of August 9, 2002, please amend the above-identified application as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on November 12, 2002.
(Date of Deposit)

Leonard P. Diana
(Name of Attorney for Applicants)
Signature _____ November 12, 2002

Signature _____ Date of Signature



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AF
2815

In re Application of:

KOJI ONO

Appln. No.: 09/938,571

Filed: August 27, 2001

For: SOLID-STATE IMAGE PICKUP DEVICE

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BOX AF

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2815, Expedited Procedure

Docket No. 03500.015701

Examiner: Edgardo Ortiz

Group Art Unit: 2815

Date: November 12, 2002

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THE COMMISSIONER FOR PATENTS
Box AF
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 13	MINUS	** 20	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140°/\$280						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

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- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- °Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$____ is enclosed.
- Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$____ to cover the Extension fee for response with a ____-month extension is enclosed.
- A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.



Attorney for Applicant
Reg. No. 28,296

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